

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(03) 205-5483

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10009540

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.		DEP.			
1	1											
2												
3												
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50												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

PTO-1340 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS